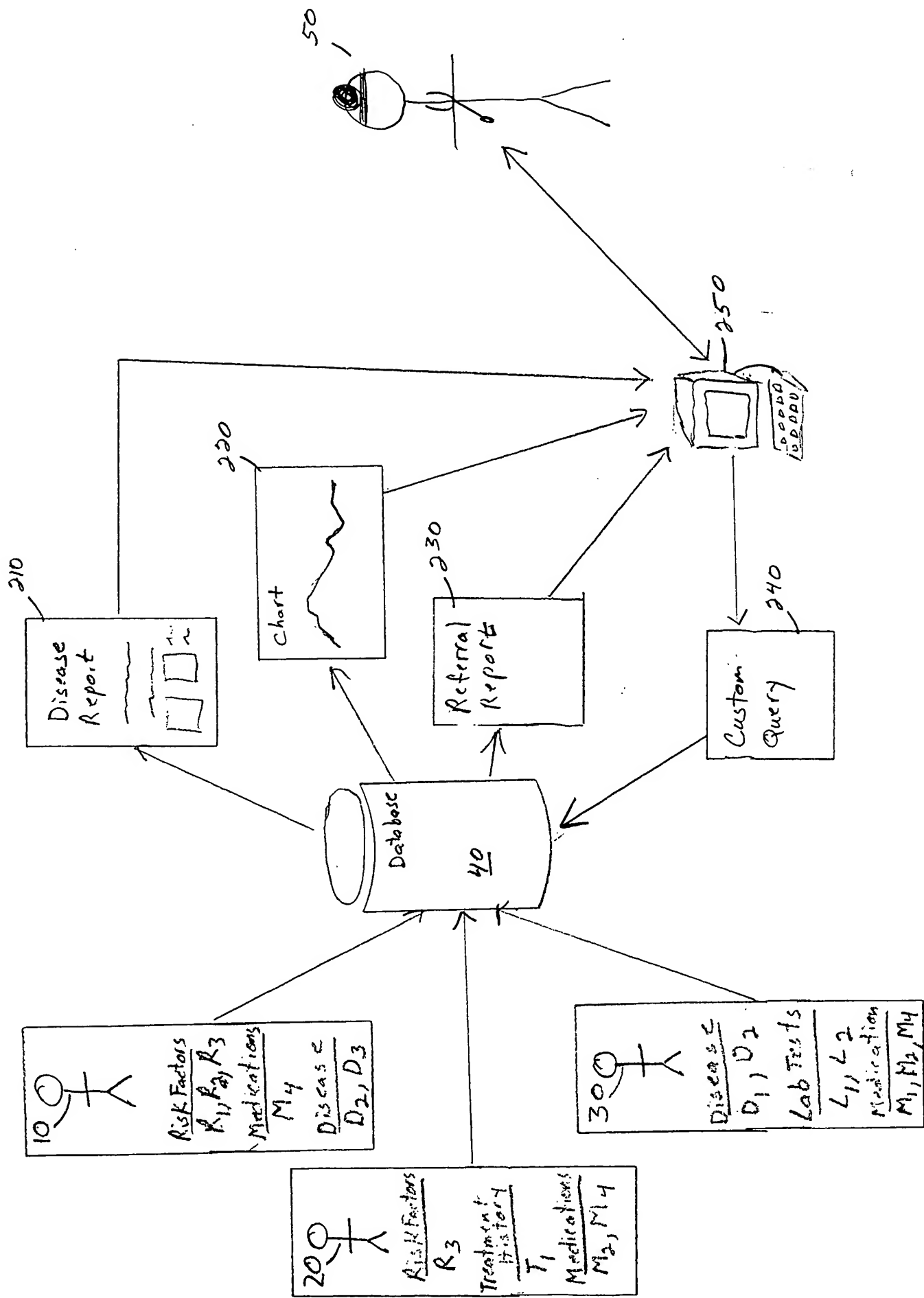


FIG 1



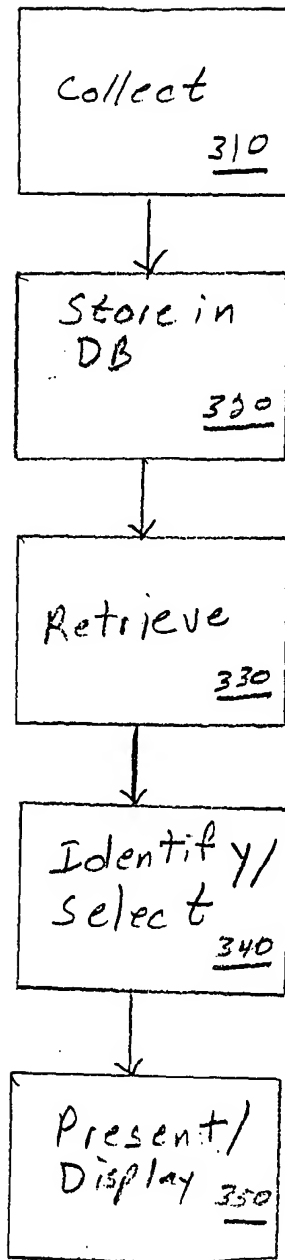


FIG. 3.

Initial Visit

400
S

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note

Oak Health Center

Vitals	Last Visit	This Visit	012345	Griffen	Henery
Date mm/dd/yy	01/01/02		P	70	03/17/32
Weight			123 Main Street	Placerville	CA
Height			Loveface	English	
Pulse			European	White	Medicaid + Medicare
Resp Rate					
BMI				Not Homeless	Not Migrant
Temp			OAK		
Systolic BP					
Diastolic BP					

Chronic Conditions

Medications

Laboratory Test Results

Other Diagnostic Tests

Vaccinations and Immunizations

Risk Factors

Other Measures

Referrals and Education

Other Notes

Chart # 012345 Henery, P. Griffen Page 1 of 1 Date Printed: 7/8/02

Help << First < Previous 1 of 1 75 Next > Last >> Close Preview

Back Creating encounter note for 012345

FIG 4

500
5

Diagnosis of Diabetes

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note Oak Health Center

Chart # 012345 Patient Name: Griffen, Henry

Date mm/dd/yy 02/01/02 Last Visit This Visit

Weight 146.0 Height 5 4.0" Pulse Resp Rate BMI 24.9 Temp 98.6 Systolic BP 120 Diastolic BP 85

Address: 123 Main Street, Placerville, CA

Ethnicity: European Race: White Insurance: Medicaid + Medicare

Other: Not Homeless, Not Migrant

Risk Factors

Family History

Diagnosed Conditions

Diabetes Type 1 02/01/02

Potential Chronic Diseases

Depression Retinopathy Post-MI P Vasc Dis Neuropathy Nephropathy Hypertension Dyslipidemia CAD CHF CerebroVascDz

Medications

Other Medications to Consider

Other Lipid Med Class

Statins Class

Other BP Med Class

ARB Class

Antiplatelet/coag ASA

ACE Inhibitor Class

Insulin Class

Other Notes

Meter Type:

Encount Note:

Laboratory Test Results

Test Value Date Pref Ref

ALT

Creat Clear

MiAI/Cr

Triglyc

HDL

LDL

Chol

HbA1c

Other Diagnostic Tests

Test Result Date Pref Ref

CardioStress

EKG

Vaccinations and Immunizations

Vac/Imm Date Pref Ref Dec

Flu Vao

Pneumovax #

Chart # 012345 Patient Name: Griffen, Henry

Page 1 of 1 Date Printed: 7/8/02

Help << First < Previous 1 of 1 75 Next > Last >> Close Preview

Back

Creating encounter note for 012345

FIG 5

600
5

FIG 6

700

FIG 7

Diagnosis of Asthma

800
5

Encounter N te **Oak Health C nter**

Chart # 012345 Patient Name: Griffen, Henery
 Date mm/dd/yy: 05/04/02 Last Visit: 03/17/02
 Weight: 154.0 Height: 5 4.0"
 Pulse: 120 Resp Rate: 18
 BMI: 26.4 Temp: 98.8
 Systolic BP: 120 Diastolic BP: 84
 Office PEFR: 300 Pulse Ox: 95%

Chronic Conditions

Diagnosed Conditions: Dx Date D/C
 Major Depression Recur: 07/08/02
 Asthma: 08/04/02
 Coronary Artery Disease: 03/01/02
 Diabetes Type 1: 02/01/02
 Potential Chronic Diseases: Add
 Depression
 Retinopathy
 Post-MI
 P Vasc Dis
 Neuropathy
 Nephropathy
 Hypertension
 Dyslipidemia
 DM Type 2
 CHF
 CerebroVascDz

Laboratory Test Results

Test	Value	Date	Pref	Ref
Potassium	5	05/01/02		
Creat Clear	120	05/01/02		
Triglyc	47	05/01/02		
HDL	87	05/01/02		
LDL	108	05/01/02		
HbA1c	13	05/01/02		
ALT				
TSH				
MIAT/Cr				
Chol				

Other Measures

Test	Value	Date	Pref	Ref
Exercise wk	3	03/01/02		
Foot Index	2	03/03/02		
Lost Days (3)	7	08/04/02		
PHQ Curren	14	08/04/02		
PHQ Index	17	05/01/02		
SympFreeD	4	08/04/02		
Exacerbts/wk				
Best PEFR				
ED Visits				
FEV1/FVC				
LVEF				
NYHA Class				
Prod PEFR				

Other Diagnostic Tests

Test	Result	Date	Pref	Ref
CardiacCat	2VslCA	05/03/02		
CardioStss	Negativ	05/03/02		
EKG	RBB	05/03/02		
AllergySkin				
Asthma Bas				
Asthma Cur				
Echo				
Revaso				

Vaccinations and Immunizations

Vac/Imm	Date	Pref	Ref	Dec
Flu Vac	03/03/02			
Pneumovax #				

Risk Factors

Risk Factor	Date	D/C
Family History		
FHxDM	03/01/02	
FHxDepres	05/01/02	
FHxCHD		
Physical Abuse		
Hist. Trauma		
Behaviors		
Daily Weighing	current	
EnvironTriggers	unknown	
SM BG	unknown	
Smoke Household	never	
Smoking	past	

Referrals and Education

Referral/Educ	Date	Pref	Ref	Dec
Spirometry				
CSD FU				
AsthmaPlan				
AsthAcuteEdu				
PostMIR rehab				
SubAbuseScr				
Depression Sc				
Foot Exam				
CVD Educ				
Hospital				
SM Goal Set				
Dental Exam				
Ment Health				
Smoke Cess				
Ret Exam				
Nutrit Edu				
DM Edu				

Other Notes

Meter Type: Dionetix M54
 Encount Note: Highly motivated
 CSD FU Desc.
 SM Goal Desc.
 Written Act PI

Medications

Class	Name	Date	D/C
Anti-Depress	Class	07/08/02	
Insulin	Class	05/01/02	

Other Medications to Consider

Class	Name	Date	D/C
OtherLipidMe	Class		
Statins	Class		
Mood Stabiliz	Class		
Tricyclics	Class		
SSRIs	Class		
Nasal Steroids	Class		
Beta-Agonists	Class		
ICS	Class		
Oral Steroids	Class		
Bronchodilato	Class		
Nitrates	Class		
Other BP Med	Class		
Calc Chan BI	Class		
Diuretic	Class		
Beta Blocker	Class		
ARB	Class		
Antiplate/coag	ASA		
Lipid Lower	Class		
ACE Inhibitor	Class		

Chart # 012345 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02

Help << First < Previous 1 of 1 75 > Next >> Close Preview

Back Creating encounter note for 012345

L533

FIG 8

5900

Example Run Charts

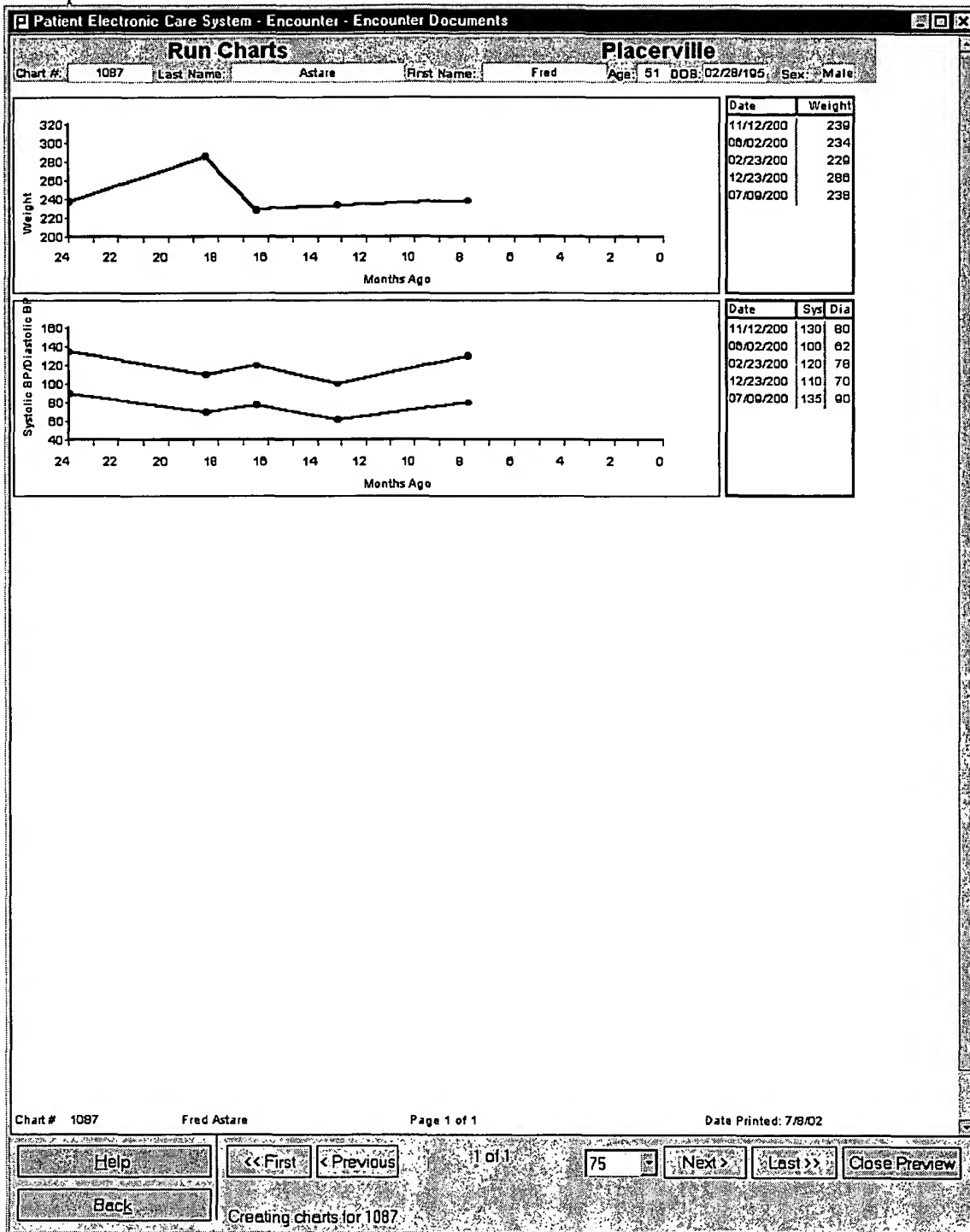


FIG 9

Pick List				iif(len(@encounterclinic)>0,@encount rc				
Chart #:	[medical_recor	Last Nam :	[last_name]	First Name:	[firstname]	Age: @ag	DOB: [date_of_bi	S x: [sex]

Add Demographics

- ☐ Ag
- ☐ Behavioral Health Pr vider
- ☐ Benefit Coverage Dental
- ☐ Case Manager
- ☐ Chart Number
- ☐ City
- ☐ Date of Birth
- ☐ Emergency Contact
- ☐ Emergency Contact Phone
- ☐ First Name
- ☐ Homeless
- ☐ Insurance
- ☐ Insurance Type
- ☐ Language Spoken
- ☐ Last Name
- ☐ Middle Initial or Name
- ☐ Migrant
- ☐ Phone Number
- ☐ Phone Number 2
- ☐ Primary Provider
- ☐ Race
- ☐ Refugee Status
- ☐ School/Day Care Name
- ☐ School/Day Care Phone
- ☐ Sex
- ☐ State
- ☐ Str et Address One
- ☐ Street Address Two
- ☐ Zip Code

Add Vitals

- ☐ Body Mass Index
- ☐ Diastolic Blood Pressure
- ☐ Height
- ☐ Office peak flow
- ☐ Pulse
- ☐ Respiratory Rate
- ☐ Systolic Blood Pressure
- ☐ Temperature
- ☐ Weight

1000

Problem List

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Acute-MI | <input type="checkbox"/> Allergic Rhinitis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Asthma Exacerbation |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Bronchopulmonary dysplasia | <input type="checkbox"/> Cerebrovascular Disease | <input type="checkbox"/> Chronic (Dysthymia) |
| <input type="checkbox"/> Chronic Obstructive Pulmona | <input type="checkbox"/> Chronic Peridontitis | <input type="checkbox"/> Chronic Renal Insufficiency | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Diabetes Gestational |
| <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Eczema | <input type="checkbox"/> GERD | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> HIV | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Major Depression Recurrent | <input type="checkbox"/> Major Depression Single Epis | <input type="checkbox"/> Minor depression |
| <input type="checkbox"/> Nasal Polyps | <input type="checkbox"/> Nephropathy | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Post-MI | <input type="checkbox"/> Reflux | <input type="checkbox"/> Retinopathy |
| <input type="checkbox"/> Sinusitis Acute | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Urticaria | <input type="checkbox"/> Viral Infection |
| <input type="checkbox"/> Weight Gain | | | |

FIG 10

Pick List										iif(len(@ ncount rclinic)>0,@encounter)									
Chart #:	[medical_recor	Last Nam :	[last_name]	First Name:	[firstname]	Ag :	@ag	DOB:	[date_of_bi	S x:	[sex]								

Add	Medications						
	Class	Name	Dose	Frequ ncy	Quantity	Refills	Provider
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Add	Lab Test	Add	Other Diag Tests	Add	Vaccinations	Add	Other Measures	Add	Ref and Ed
<input type="checkbox"/>	24hrUP	<input type="checkbox"/>	Allergy Skin Test	<input type="checkbox"/>	Flu Vaccine	<input type="checkbox"/>	Ankle/Brachial Index	<input type="checkbox"/>	Adherence Counselin
<input type="checkbox"/>	ALT	<input type="checkbox"/>	Asthma Current Asses	<input type="checkbox"/>	Hepatitis A Vaccine #1	<input type="checkbox"/>	Asthma Exacerbations	<input type="checkbox"/>	Allergy Consult
<input type="checkbox"/>	AST	<input type="checkbox"/>	Asthma Initial Assess	<input type="checkbox"/>	Hepatitis A Vaccine #2	<input type="checkbox"/>	Average Home PEFR	<input type="checkbox"/>	Asthma Action Plan
<input type="checkbox"/>	CD4	<input type="checkbox"/>	Bronchoscopy	<input type="checkbox"/>	Hepatitis B Vaccine #1	<input type="checkbox"/>	Best PEFR	<input type="checkbox"/>	Asthma ED or Urgent
<input type="checkbox"/>	Chol	<input type="checkbox"/>	Cardiac Catheter	<input type="checkbox"/>	Hepatitis B Vaccine #2	<input type="checkbox"/>	CAGE	<input type="checkbox"/>	Asthma Education
<input type="checkbox"/>	Creatinine	<input type="checkbox"/>	Chest X-ray	<input type="checkbox"/>	Hepatitis B Vaccine #3	<input type="checkbox"/>	ED Visits in 3 Months	<input type="checkbox"/>	Asthma Education Fa
<input type="checkbox"/>	Creatinine Clearance	<input type="checkbox"/>	Cystic Fibrosis Scree	<input type="checkbox"/>	MeasleMumpRubella	<input type="checkbox"/>	Foot Risk Index	<input type="checkbox"/>	Asthma Severity Asse
<input type="checkbox"/>	Fasting Glucose	<input type="checkbox"/>	Echocardiogram	<input type="checkbox"/>	Pneumococal Vaccine	<input type="checkbox"/>	Left Vent Ejection Fra	<input type="checkbox"/>	Case Manage
<input type="checkbox"/>	HDL	<input type="checkbox"/>	Electrocardiogram			<input type="checkbox"/>	Medication Adherence	<input type="checkbox"/>	Coverage Assistance
<input type="checkbox"/>	Hemoglobin A1c	<input type="checkbox"/>	Exercise Stress Test			<input type="checkbox"/>	Missed Days (last 30 c	<input type="checkbox"/>	Crisis Triage
<input type="checkbox"/>	IgE Level	<input type="checkbox"/>	Methacholine Challen			<input type="checkbox"/>	Number of Hospitaliza	<input type="checkbox"/>	CVD Education
<input type="checkbox"/>	LDL	<input type="checkbox"/>	Pap Smear			<input type="checkbox"/>	NYHA Class	<input type="checkbox"/>	CVD Prevention Educ
<input type="checkbox"/>	MIAI/Cr	<input type="checkbox"/>	PPD Screen			<input type="checkbox"/>	Packs of Cigarettes	<input type="checkbox"/>	Dental Exam
<input type="checkbox"/>	Microalbuminuria	<input type="checkbox"/>	Pulmonary Function T			<input type="checkbox"/>	PHQ Initial	<input type="checkbox"/>	Depression Screening
<input type="checkbox"/>	Potassium	<input type="checkbox"/>	Revascularization			<input type="checkbox"/>	PHQ Latest	<input type="checkbox"/>	DM Education
<input type="checkbox"/>	RAST	<input type="checkbox"/>	RPR			<input type="checkbox"/>	Physical Activity (wee	<input type="checkbox"/>	Drug Counseling
<input type="checkbox"/>	T-3 Uptake	<input type="checkbox"/>	Spirometry			<input type="checkbox"/>	Predicted PEFR	<input type="checkbox"/>	Exercise Education
<input type="checkbox"/>	T-4					<input type="checkbox"/>	Smoking Years	<input type="checkbox"/>	Family Counseling
<input type="checkbox"/>	T-4 Free					<input type="checkbox"/>	Symptom Free Days	<input type="checkbox"/>	Follow-up
<input type="checkbox"/>	Theophylline							<input type="checkbox"/>	Foot Check Exam
<input type="checkbox"/>	Triglyc							<input type="checkbox"/>	Hospitalization
<input type="checkbox"/>	TSH							<input type="checkbox"/>	Medication Self Mgt Tr
<input type="checkbox"/>	Viral Load - HIV							<input type="checkbox"/>	Mental Health
								<input type="checkbox"/>	Nutritional Education
								<input type="checkbox"/>	Oral Health Education
								<input type="checkbox"/>	Peak Flow Education
								<input type="checkbox"/>	Periodontal Exam
								<input type="checkbox"/>	Post-MI Rehabilitation
								<input type="checkbox"/>	Prevention Education
								<input type="checkbox"/>	Psychiatric Support
								<input type="checkbox"/>	Pulmonary Consult
								<input type="checkbox"/>	Retinal Exam
								<input type="checkbox"/>	Self-Management Goa
								<input type="checkbox"/>	Smoking Cessation
								<input type="checkbox"/>	Social Assessment
								<input type="checkbox"/>	Substance Abuse Scr
								<input type="checkbox"/>	Support Groups
								<input type="checkbox"/>	Transport

1000

FIG 11

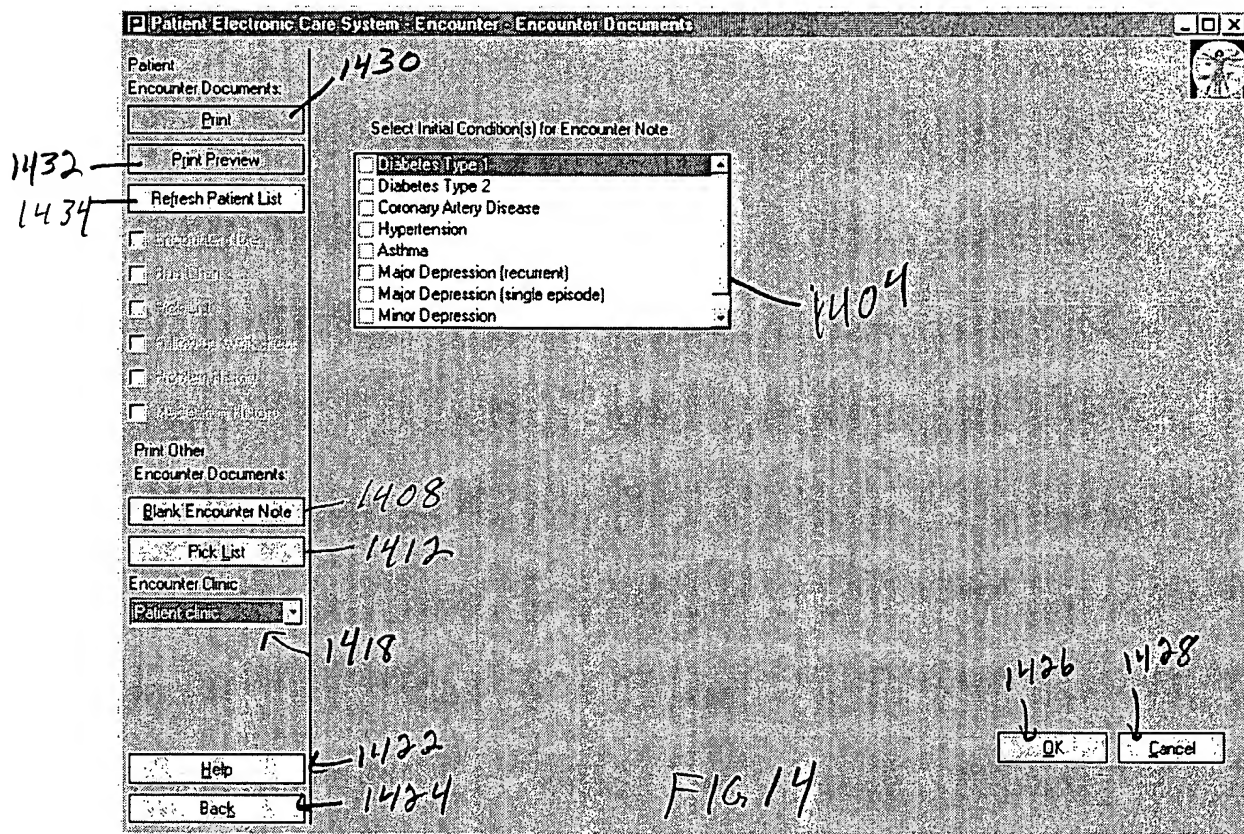
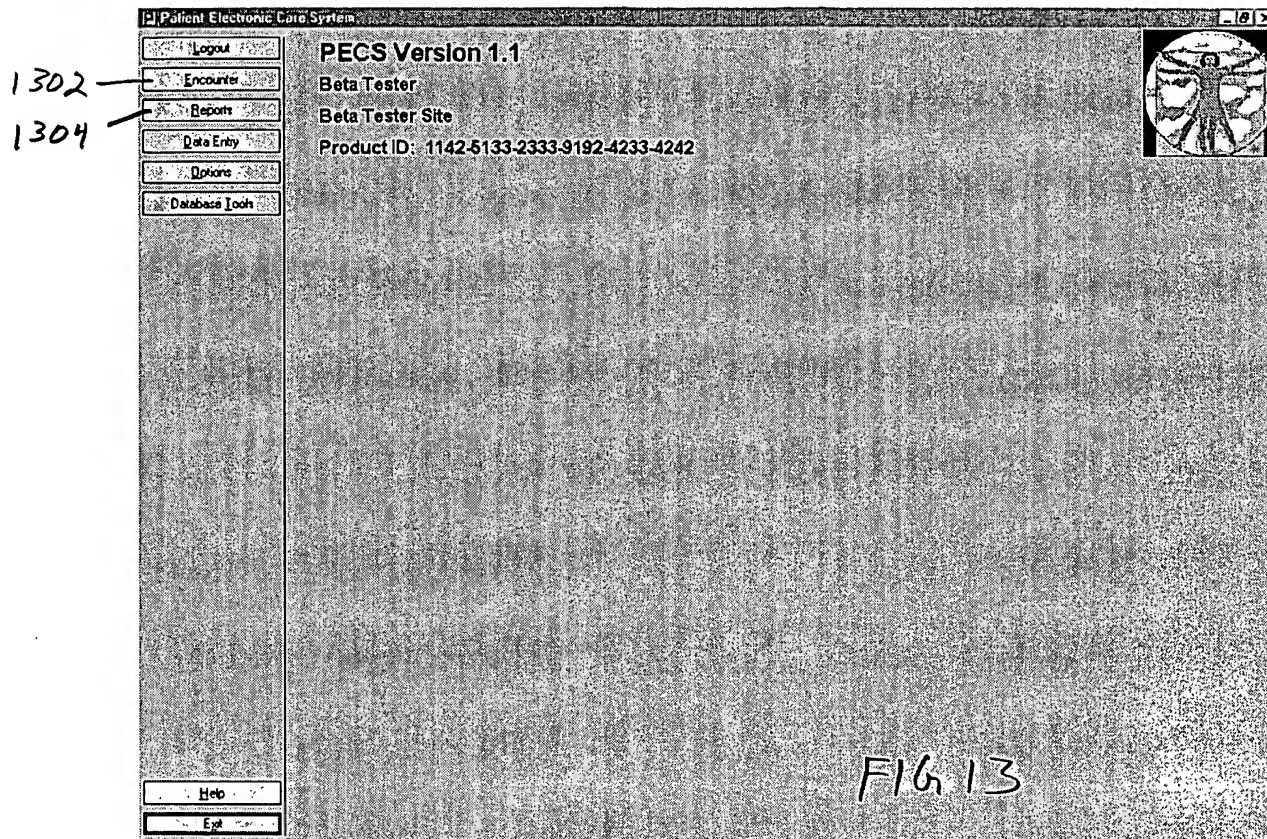
- Add
Family History
Alc holic Parent
Domestic Violence
Family History of Asthma
Family History of Atopy
Family History of CHD
Family History of DM
Famliy History of Depression
Sexual Abuse

- Add
Occupational History
ER Nurse
Migrant Worker
Prostitute

- C P N
Behaviors
Alcohol Abuse
Allergen Exposur
Animals in H usehold
Daily Weighing
Day Care
Drug Abuse (other)
Drug Use (IV)
Environmental Triggers
Medication Non-adherence
Nebulizer
Peak Flow Monitoring
Risky Sex (hetero)
Risky Sex (same)
Self Monitor Blood Glucose
Smoke in Household
Smoking
Triggers Allergies
Triggers Bird ← 1205
Triggers Cat
Triggers Dog
Triggers Dust
Triggers ETS
Triggers Exercise
Triggers Mold
Triggers Roach
Use of MDI
Use of Spacer

1000

F1612



1520 — ☐ Encounter Note

1522 — ☐ Run Charts

1524 — ☐ Pick List

1526 — ☐ Followup Worksheet

1528 — ☐ Problem Hist

1530 — ☐ Medication Hist

Print Other
Encounter Documents:

Encounter Clinic:
abc

Patient Electronic Care System - Encounter - Encounter Documents

Patient
Encounter Documents:

Patient Pick List Basis:

Select by Clinic and Provider

1505 ↓

1507 ↓

1509 ↓

Clinics

abc
test

Providers

_none
qqq
zzz

1513 ↓

chart number:

FIG 15

Follow-up Worksheet					abc						
Chart #:	1231	Last Name:	sssssss	First Nam :	sssssss, s	Age:	35	DOB:	02/08/1967	Sex:	Othe

Lab Tests Ordered:

Other Diagnostic Tests Ordered:

Vaccinations Ordered:

Other Measures Ordered:

Referrals and Education Ordered:

FIG 16

Problem History					abc						
Chart #:	1231	Last Name:	sssssss	First Name:	sssssss, s	Age:	35	DOB:	02/08/1967	Sex:	Other

Visit Date	Problem	ICD-9-CM	Dx Provider	Dx Date	Resolved
------------	---------	----------	-------------	---------	----------

Chronic

07/04/02	Bipolar	296.7		07/04/02	
07/04/02	Chronic Bronchitis	491.9		07/04/02	
07/04/02	Depression	296		07/04/02	
07/04/02	Tuberculosis	011.90		07/04/02	

Acute

07/04/02	Acute Periodontitis	523.3		07/04/02	
07/04/02	Influenza	487.1		07/04/02	
07/04/02	Viral Infection	079.99		07/04/02	

Resolved Conditions

Visit Date	Problem	ICD-9-CM	Dx Provider	Dx Date	Resolved
------------	---------	----------	-------------	---------	----------

FIG 17

Medication History					abc						
Chart #:	1231	Last Name:	sssssss	First Name:	sssssss, s	Age:	35	DOB:	02/08/1967	Sex:	Othe

Current Medications										
Visit Date	Class	Name	Px Provider	Px Date	Dose	Frequency	Quantity	Refill	DC	Reason
07/04/02	Antiplatelet/An	Aspirin		07/04/02						
07/04/02	NRTI	Didanosine		07/04/02						
07/04/02	Bronchodilator	Class		07/04/02						
07/04/02	Alpha 2 Antag	Class		07/04/02						
07/04/02	Antiplatelet/An	Class		07/04/02						
07/04/02	Biguanides	metformin		07/04/02						
07/04/02	AG Inhibitor	miglitol		07/04/02						

To add medications see the Pick List ☐ Add

Contradicated Medications						
Visit Date	Class	Name	PxProvider	Reason		Contr. Provider
Past or Changed Medications						
Visit Date	Class	Name	Px Date	Dose	Frequency	D/C Note

FIG 18

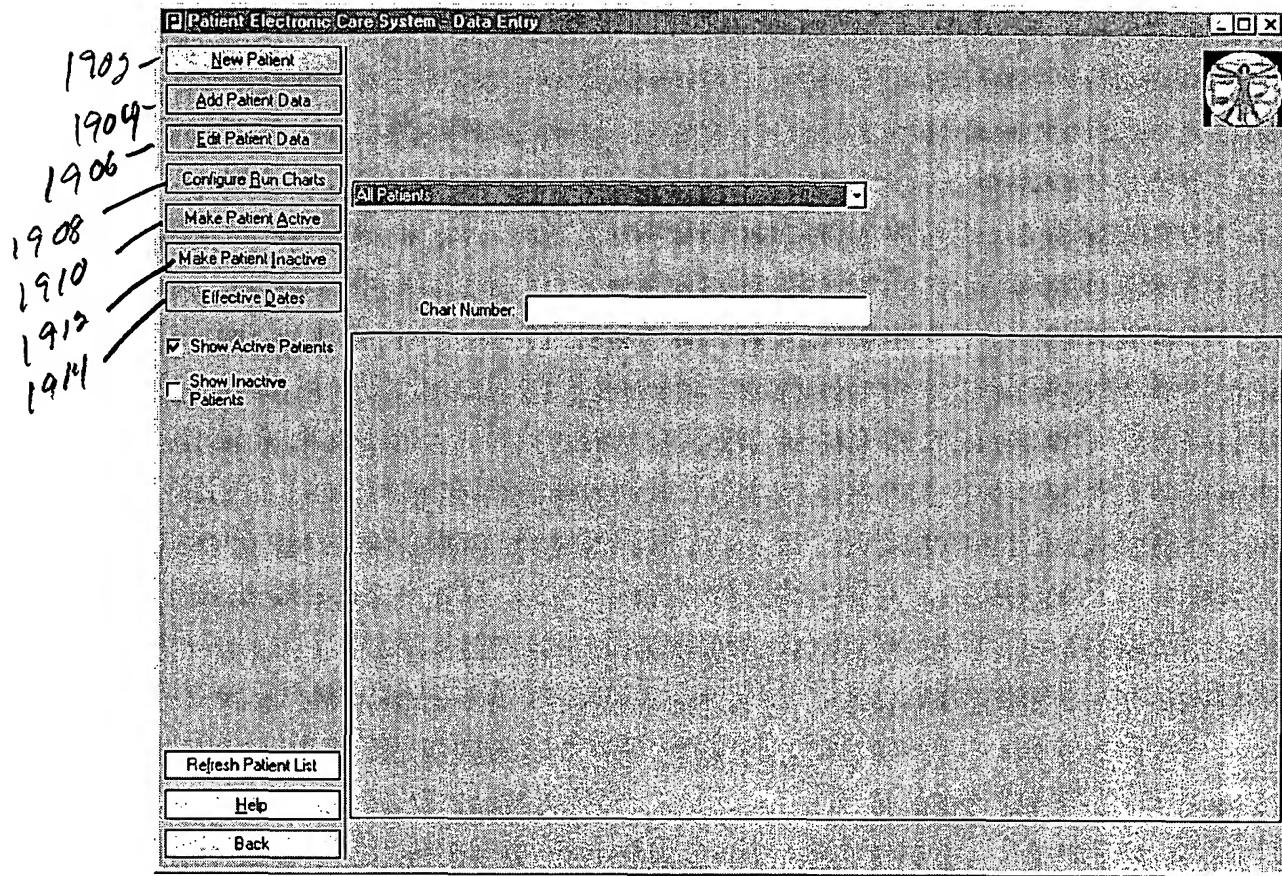


FIG. 19

Patient Electronic Care System - Data Entry

Add New Patient

Clinic	<input type="text"/>
Primary Provider	<input type="text"/>
Date Active	7/4/2002 <input type="button" value="Calendar"/>
Chart Number	<input type="text"/>
Last Name	<input type="text"/>
First Name	<input type="text"/>
Middle Initial or Name	<input type="text"/>
Date of Birth	<input type="text"/> <input type="button" value="Calendar"/>
Sex	<input type="text"/>
Street Address One	<input type="text"/>
Street Address Two	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Phone Number	<input type="text"/>
Language Spoken	<input type="text"/>
Ethnicity	<input type="text"/>
Race	<input type="text"/>
Insurance	<input type="text"/>
Homeless	<input type="text"/>
Migrant	<input type="text"/>

Help Back OK Cancel

FIG 20

Patient Electronic Care System - Data Entry

Add Patient Data:

Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: sssssss First Name: sssssss, s Age: 35 DOB: 02/08/67 Sex: Other

	Last Visit	This Visit
Weight	290.0	<input type="text"/>
Height	5' 10.0"	<input type="text"/>
Pulse	85	<input type="text"/>
Resp Rate	20	<input type="text"/>
Temp	102.0	<input type="text"/>
Systolic BP	125	<input type="text"/>
Diastolic BP	59	<input type="text"/>

FIG 21

Patient Electronic Care System

Patient: sssssss, sssssss, s Med Rec No: 1231

Authorizing provider:

Reason for change:

Office peak flow
Pulse Oximetry
Waist Circumference Inches
Waist Hip Ratio

To add item select items, then click OK. To cancel click Cancel

FIG 22

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: sssssss First Name: sssssss, s Age: 35 DOB: 02/08/67 Sex: Other

Chronic Conditions

Diagnosed Condition	Dx Date	D/C
Bipolar		<input type="checkbox"/> <input type="button" value="Remove"/> <input type="button" value="Details"/>
Chronic Bronchitis		<input type="checkbox"/> <input type="button" value="Remove"/> <input type="button" value="Details"/>
Tuberculosis		<input type="checkbox"/> <input type="button" value="Remove"/> <input type="button" value="Details"/>
Depression		<input type="checkbox"/> <input type="button" value="Remove"/> <input type="button" value="Details"/>

Acute Conditions

Acute Periodontitis	<input type="checkbox"/> <input type="button" value="Remove"/> <input type="button" value="Details"/>
Influenza	<input type="checkbox"/> <input type="button" value="Remove"/> <input type="button" value="Details"/>
Viral Infection	<input type="checkbox"/> <input type="button" value="Remove"/> <input type="button" value="Details"/>

FIG 23

Patient Electronic Care System

Patient: sssssss, sssssss, s Med Rec No: 1231

Condition

Diagnosis

Date: 7/4/2002

Note:

Provider:

Chronic

Cured ☐ (enter date cured)

Date:

Note:

Provider:

FIG 24

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: Last Name: First Name: Age: DOB: Sex:

Medications

Class	Name	Date	D/C	
AG Inhibitor	metformin	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Bisphosphonates	metformin	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Alpha 2 Antas	Class	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Bronchodilators	Class	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
NRTI	ddl	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Antiprot/coag	ASA	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Antiprot/coag	Class	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>

FIG 25

Patient Electronic Care System

Patient: Med Rec No:

Authorizing provider:

Reason for change:

ACE Inhibitor : Class
 ACEI & Diuretic : Class
 AG Inhibitor : acarbose
 AG Inhibitor : Class
 AG Inhibitor : Glyset
 AG Inhibitor : Precose
 Alpha Blockers : Class
 Anti-allergy : Class
 Antiarrhythmic : Class

To add item select items then click OK. To cancel click Cancel

FIG 26

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: Last Name: First Name: Age: DOB: Sex:

Laboratory Test Results

Test	Last Visit			This Visit			Ref	
	Value	Date	Ref	Value	Date	Ref		
Hemoglobin A1c			<input type="checkbox"/>				<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
LDL			<input type="checkbox"/>				<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
HDL			<input type="checkbox"/>				<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Microalbuminuria			<input type="checkbox"/>				<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Potassium			<input type="checkbox"/>				<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Creatinine			<input type="checkbox"/>				<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
T-4			<input type="checkbox"/>				<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>

FIG 27

Patient Electronic Care System

Patient: Med Rec No:

Authorizing provider:

Reason for change:

24hrUP
ALT
AST
CD4
Chol
Creatinine Clearance
Digoxin Therapeutic Level
Fasting Glucose
IgE Level

To add item select items, then click OK. To cancel click Cancel

FIG 28

2900,

2920

Patient Electronic Case System: Reports

Run Report
Edit Report
Delete Report
Add Report

Report Directory: C:\Program Files\PECS1\Reports\

All Reports

Report Name:

Report Name	Report Category	Last Modified	Last Run
Asthma Registry Summary Report	Asthma		
CVD Registry Summary Report	Cardiovascular		
Demographic Info for All Pts in Registry	General		
Depression Registry Summary Report	Depression		
Detailed Visit Info	General		
DM Registry Summary Report	Diabetes		
List All Pts non-DM	General		
List All Pts non-DM and non-CVD	General		
List Asthma Pts	Asthma		
List Asthma Pts no Action Plan Last xx Days	Asthma		
List Asthma Pts no Assessment Last xx Days	Asthma		
List Asthma Pts no Flu Vacc Last xx Days	Asthma		
List Asthma Pts no Home PPM	Asthma		
List Asthma Pts no Mgmt Edu Last xx Days	Asthma		
List Asthma Pts no Pneumococcal Vacc Last xx Years	Asthma		
List Asthma Pts no Spirometry or PFT Last xx Days	Asthma		
List Asthma Pts Ref to Allergy Last xx Days	Asthma		
List Asthma Pts Ref to Dermatology Last xx Days	Asthma		
List Asthma Pts Ref to Pulmonary Last xx Days	Asthma		
List Asthma Pts Under 5 no Pnevna Vacc	Asthma		
List Asthma Pts with Acute or ER Last xx Days	Asthma		
List Asthma Pts with Assessment Last xx Days	Asthma		
List Asthma Pts with Hospitalization Last xx Days	Asthma		
List Asthma Pts with Persistent Not on Anti-Inflam	Asthma		
List Asthma Pts with Selected Visits	Asthma		
List Asthma Pts with Smoke Exposure Last xx Days	Asthma		
List Asthma Pts with Visit Next xx Days	Asthma		
List Asthma Pts with xx Mixed Days	Asthma		
List Asthma Pts with xx Symptom Free Days	Asthma		
List CHF Pts	Cardiovascular		

Refresh Report List
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FIG 29

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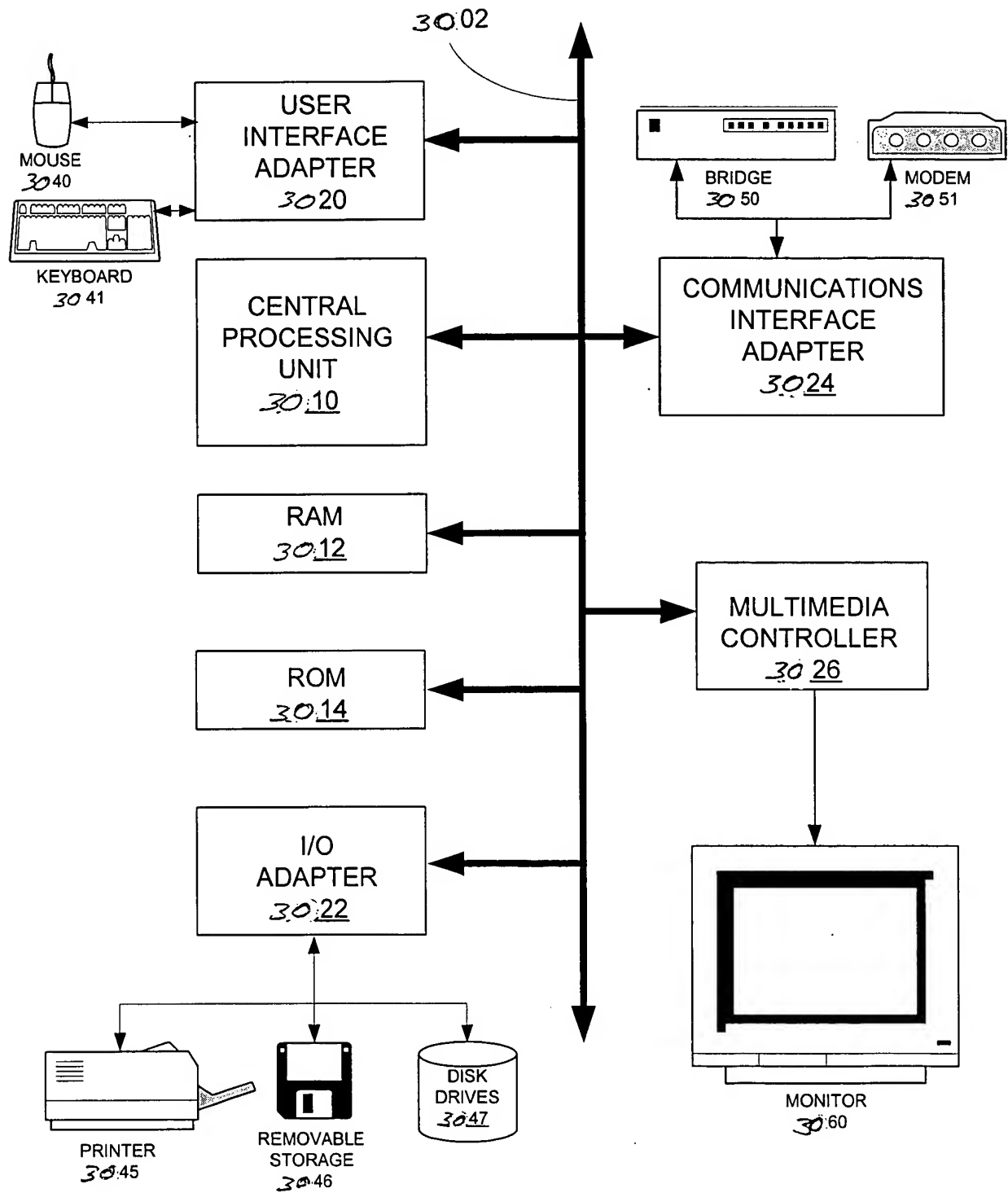


FIG. 30